Health Screening; Entrance Ticket

Circle Yes or No

Name:		
Monday	Date:	
Do you have a fever?	YES	NO
Do you have a cough?	YES	NO
Do you have a sore throat?	YES	NO
Do you feel a shortness of breath?	YES	NO
Do you have nausea, vomiting, or abdominal pain?	YES	NO
Current Temperature:		

Name:		
Monday	Date:	
Do you have a fever?	YES	NO
Do you have a cough?	YES	NO
Do you have a sore throat?	YES	NO
Do you feel a shortness of breath?	YES	NO
Do you have nausea, vomiting, or abdominal pain?	YES	NO
Current Temperature:		

Name:		
Tuesday	Date:	
Do you have a fever?	YES	NO
Do you have a cough?	YES	NO
Do you have a sore throat?	YES	NO
Do you feel a shortness of breath?	YES	NO
Do you have nausea, vomiting, or abdominal pain?	YES	NO
Current Temperature:		

Name:		
Tuesday	Date:	
Do you have a fever?	YES	NO
Do you have a cough?	YES	NO
Do you have a sore throat?	YES	NO
Do you feel a shortness of breath?	YES	NO
Do you have nausea, vomiting, or abdominal pain?	YES	NO
Current Temperature:		

Name:		
Wednesday	Date:	
Do you have a fever?	YES	NO
Do you have a cough?	YES	NO
Do you have a sore throat?	YES	NO
Do you feel a shortness of breath?	YES	NO
Do you have nausea, vomiting, or abdominal pain?	YES	NO
Current Temperature:		

Name:		
Wednesday	Date:	
Do you have a fever?	YES	NO
Do you have a cough?	YES	NO
Do you have a sore throat?	YES	NO
Do you feel a shortness of breath?	YES	NO
Do you have nausea, vomiting, or abdominal pain?	YES	NO
Current Temperature:		

Name:		
Thursday	Date:	
Do you have a fever?	YES	NO
Do you have a cough?	YES	NO
Do you have a sore throat?	YES	NO
Do you feel a shortness of breath?	YES	NO
Do you have nausea, vomiting, or abdominal pain?	YES	NO
Current Temperature:		

Name:		
Thursday	Date:	
Do you have a fever?	YES	NO
Do you have a cough?	YES	NO
Do you have a sore throat?	YES	NO
Do you feel a shortness of breath?	YES	NO
Do you have nausea, vomiting, or abdominal pain?	YES	NO
Current Temperature:		

Name:		
Friday	Date:	
Do you have a fever?	YES	NO
Do you have a cough?	YES	NO
Do you have a sore throat?	YES	NO
Do you feel a shortness of breath?	YES	NO
Do you have nausea, vomiting, or abdominal pain?	YES	NO
Current Temperature:		

Name:		
Friday	Date:	
Do you have a fever?	YES	NO
Do you have a cough?	YES	NO
Do you have a sore throat?	YES	NO
Do you feel a shortness of breath?	YES	NO
Do you have nausea, vomiting, or abdominal pain?	YES	NO
Current Temperature:		